



Internship Application

Date of Internship: _____

Name of Intern: _____

Employing Library: _____

Address: _____

Daytime Phone: _____

Name of Advisor: _____

Place of Employment: _____

Daytime Phone: _____

What are the qualifications of the advisor? _____

Topic of Internship: _____

What is the purpose or goal of this internship? _____

What does the intern hope to learn during this program? _____

Where will the internship take place? _____

How does the intern plan to use this training in his or her present or future employment? _____

Signature of Intern: _____

Signature of Library Director (if applicable): _____

Signature of Advisor: _____

Mail to:
Certification Specialist
Library of Michigan
P.O. Box 30007, 702 W. Kalamazoo St.
Lansing, MI 48909

Approved by: _____

Continuing Education Specialist

Date: _____ For: _____ contact hours

This form will be returned to the intern within two weeks of receipt. The internship may begin once approval is received.

Additional comments



**Library of
Michigan**

**P.O. Box 30007, 702 W. Kalamazoo St.
Lansing, MI 48909
(517) 373-1580**